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PTO/SB/21 (01-08)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/567,199	
	Filing Date	02/02/2006	
	First Named Inventor	Augusto Brazzine	
	Art Unit	3763	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	13	Attorney Docket Number	EXPL-004

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Partial European Search Report (4 pgs.) Forms PTO/1449 (6 pgs.) Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of Alan W. Cannon		
Signature			
Printed name	Alan W. Cannon		
Date	7/9/08	Reg. No.	34,977

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Maria J. Sousa	Date	7/9/2008

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**SUPPLEMENTAL
INFORMATION DISCLOSURE
STATEMENT**

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket

EXPL-004

First Named Inventor

Augusto Brazzini

Application Number

10/567,199

Filing Date

02/02/2006

Group Art Unit

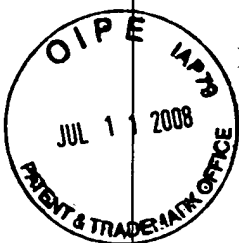
3763

Examiner Name

Unassigned

Title

Compressive Device for Percutaneous
Treatment of Obesity



Sir:

This is a Information Disclosure Statement submitted for the Examiner's consideration. Forms PTO-1449 listing the references accompany this paper. Applicants would appreciate the Examiner's initialing and returning the forms to indicate that the references have been reviewed and made of record. Copies of the U.S. references cited are not included herein, pursuant to the waiver of the requirement under 37 CFR 1.98(a)(2)(i) for patent applications filed after June 30, 2003, provisions of 37 C.F.R. Section 1.98(d). Copies of all other references are included for the Examiner's review.

Each item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the statement.

This Supplemental Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-2653, order No. EXPL-004 may be charged therefore.

Date: _____

7/9/08

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Respectfully submitted,
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